

# NORTH CAROLINA NATIONAL GUARD



## M-Day Retirement Counselors

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# Agenda

- RC-SBP
- Retirement Options
- Early Retirement
- State Pension Plan
- Retirement Pay Application Process
- TRICARE Retired Reserve
- Retirement Benefits
- NGB 23
- Resources



# RC-SBP

Reserve Component Survivor Benefit Plan (RC-SBP) gives retirement eligible Soldiers the option to leave up to 55% of their retirement to surviving dependents.

## There are 3 Options to choose from:

- ❑ **Option A:** Decline coverage (remains eligible for standard SBP coverage at age 60)
- ❑ **Option B:** Deferred Annuity starting on what would have been the Soldier's 60<sup>th</sup> birthday(if deceased prior to age 60) or, if 60 or over at time of death, on the day following date of death.
- ❑ **Option C:** Immediate Annuity beginning on the day following date of death regardless of age at time of death



# Retirement Options

There are 4 Different Options for Retirement:

- Remain in the National Guard
- Retired Reserve
- Stand By Reserve
- Discharge

Each of these choices have an effect on retirement pay and benefits.



# Retirement Options

## Remain in the Guard

- Must earn 50 retirement points yearly.
- Earn longevity (money earned for time in service).
- Earn COLA (cost of living allowance).
- Can be promoted.
- Continue to earn retirement points.

## Stand By Reserve

- Soldiers that have a remaining contractual obligation will be sent to the IRR.
- Must earn 50 retirement points.
- **Unpaid training.**
- Accumulate retirement points

## Retired Reserve

- Can be recalled for service
- Can receive help applying for retired pay
- Earn longevity
- Earn COLA
- Do not earn retirement points
- Cannot be promoted

## Discharge

- No military obligation
- No Help applying for pay
- Cannot earn longevity or COLA
- Do not get a retirement ID card
- No base privileges



# Retirement Options

Soldiers electing discharge instead of transfer to the Retired Reserve must be aware that a discharge will have an impact on retired pay.

## EXAMPLE

- ❑ E-7 with 22 years of service for pay at time of discharge or transfer to retired Reserve:
- ❑ Monthly retired pay at age 60 if discharge: \$931.84 (based on pay scale 2005)
- ❑ Monthly retired pay at age 60 if transferred to retired reserve: \$1,674.03
- ❑ Difference: **\$742.19** (based on pay scale 2020)



# Early Retirement

As of 28 Jan 2008, Soldiers who served in contingency operations are eligible for early retirement in 90 day increments.

## Reduced Eligibility Age:

- Deployments must be after 28 Jan 2008
- Given 90 days for every 90 days of deployment within the same fiscal year.
- The 90 days does not have to be consecutive

**Section 12731(f) of Title 10, U.S. Code**  
**28 Jan 2008**



# State Pension

North Carolina provides a state pension for Soldiers who have served 15 years or more in the North Carolina National Guard.

- Given \$95.00 per month, when eligible for 20 year retirement.
- \$9.50 per month for each additional year of service.
- Total pension shall not exceed \$190.00 per month (30 years service).
- Submit Application for state pension to:

JFHQ NC J9

Attn: Retirement Counseling Office

1636 Gold Star Drive

Raleigh, NC 27607

General Statute 127-40(A)





# Application Process

- Applications should be received after age 58 and before age 60 by mail from HRC-Fort Knox.
- Submit application for pay to Human Resources Command Fort Knox (HRC-Fort Knox) 6 months prior to 60<sup>th</sup> birthday.
- HRC-Fort Knox process applications 3 or 4 months prior to eligibility date.

For help completing your packet you should contact your local unit or state retirement counselor office.

[illegible]

**DATA FOR PAYMENT OF RETIRED PERSONNEL***(Please read Instructions and Privacy Act Statement before completing form.)***SECTION I - PAY IDENTIFICATION**

1. NAME (LAST, First, Middle Initial)	2. SSN	3. RETIREMENT/ TRANSFER DATE <i>(YYYYMMDD)</i>	4. RANK/PAY GRADE/ BRANCH OF SERVICE	5. DATE OF BIRTH <i>(YYYYMMDD)</i>
		Date SM Turns 60/RPED		
6. CORRESPONDENCE ADDRESS <i>(Ensure DFAS - Cleveland Center is advised whenever your correspondence address changes.)</i>				
a. STREET <i>(Include apartment number)</i>	b. CITY	c. STATE	d. ZIP CODE	e. TELEPHONE <i>(Incl. area code)</i>

**SECTION II - DIRECT DEPOSIT/ELECTRONIC FUND TRANSFER (DD/EFT) INFORMATION** *(See Instructions)*

7. ROUTING NUMBER <i>(See Instructions)</i>	8. TYPE OF ACCOUNT <i>(Savings (S) or Checking (C))</i>	9. ACCOUNT NUMBER <i>(See Instructions)</i>		
10. FINANCIAL INSTITUTION				
a. NAME	b. STREET ADDRESS	c. CITY	d. STATE	e. ZIP CODE

**SECTION III - SEPARATION PAYMENT INFORMATION****11. Complete if you have received any one of the payment types listed in 11.a.**

a. DID YOU RECEIVE SEVERANCE PAY (SE), READJUSTMENT PAY (RP), SEPARATION PAY (SP), VOLUNTARY SEPARATION INCENTIVE (VSI), OR SPECIAL SEPARATION BONUS (SSB)? <i>(X one. If "Yes," attach a copy of the orders which authorized the payment, and a copy of the DD Form 214.)</i>	b. TYPE OF PAYMENT	c. GROSS AMOUNT
<input type="checkbox"/> YES <input type="checkbox"/> NO		

**SECTION IV - MEMBER OF THE RESERVE COMPONENT****12. Complete only if a member or former member of the reserve component not on active duty retiring at age 60.**

a. DO YOU RECEIVE OR WERE YOU RECEIVING ON THE DATE OF RETIREMENT ANY VA COMPENSATION FOR DISABILITY? <i>(X one)</i>	b. EFFECTIVE DATE OF PAYMENT <i>(YYYYMMDD)</i>	c. MONTHLY AMOUNT OF PAYMENT
<input type="checkbox"/> YES <input type="checkbox"/> NO		

**SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY** *(See INSTRUCTIONS)***13. Complete this section if you wish to designate a beneficiary or beneficiaries to receive any unpaid retired pay you are due at death.**  
*(Continue in Section X, "Remarks," if necessary.)*

a. NAME <i>(Last, First, Middle Initial)</i>	b. SSN	c. ADDRESS <i>(Street, City, State, ZIP Code)</i>	d. RELATIONSHIP	e. SHARE
				%
Designated for individual to receive any unpaid retired pay, i.e., if SM passes and is still due a retirement check.				%
				%
				%
				%

**SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION** *(Submit information in Items 14 - 17 in lieu of IRS Form W-4 for tax purposes.)*

	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<b>SECTION V - DESIGNATION OF BENEFICIARIES FOR UNPAID RETIRED PAY</b> (See INSTRUCTIONS)				
13. Complete this section if you wish to designate a beneficiary or beneficiaries to receive any unpaid retired pay you are due at death. (Continue in Section X, "Remarks," if necessary.)				
a. NAME (Last, First, Middle Initial)	b. SSN	c. ADDRESS (Street, City, State, ZIP Code)	d. RELATIONSHIP	e. SHARE
				%
				%
				%
				%
				%
				%
<b>SECTION VI - FEDERAL INCOME TAX WITHHOLDING INFORMATION</b> (Submit information in Items 14 - 17 in lieu of IRS Form W-4 for tax purposes.)				
14. MARITAL STATUS (X one)		15. TOTAL NUMBER OF EXEMPTIONS CLAIMED	16. ADDITIONAL WITHHOLDING (Optional)	17. I CLAIM EXEMPTION FROM WITHHOLDING (Enter "EXEMPT")
<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	Leave Blank. This information will be completed on the W4P.		
<input type="checkbox"/> MARRIED BUT WITHHOLD AT HIGHER SINGLE RATE				
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO (See Instructions)
<b>SECTION VII - VOLUNTARY STATE TAX WITHHOLDING INFORMATION</b> (Complete only if monthly withholding is desired.)				
19. STATE DESIGNATED TO RECEIVE TAX	20. MONTHLY AMOUNT (Whole dollar amount)	21. RESIDENCE ADDRESS (If different from address listed in Item 6)		
	SM should coordinate with State Treasury	a. STREET (Include apartment number)	b. CITY	c. STATE
				d. ZIP CODE
<b>SECTION VIII - DEPENDENT CHILDREN</b> (This section must be completed regardless of SBP Election.)				
22. SPOUSE			23. DATE OF MARRIAGE (YYYYMMDD)	24. PLACE OF MARRIAGE (See Instructions)
a. NAME (Last, First, Middle Initial)	b. SSN	c. DATE OF BIRTH (YYYYMMDD)		
25. DEPENDENT CHILDREN (Indicate which child(ren) resulted from marriage to former spouse by entering (FS) after relationship in column d. Continue in Section X, "Remarks," if necessary.)				
a. NAME (Last, First, Middle Initial)	b. DATE OF BIRTH (YYYYMMDD)	c. SSN	d. RELATIONSHIP (Son, daughter, stepson, etc.)	e. DISABLED? (Yes/No)

If SM elects not to participate in SBP and they have a spouse, the spouse must sign and it must be Notarized.

**SECTION IX - SURVIVOR BENEFIT PLAN (SBP) ELECTION**

(It is recommended that you see your Survivor Benefit Plan counselor before making an election.)

**26. BENEFICIARY CATEGORY(IES) (X only one item) (See Instructions and Section XI.)**

<input type="checkbox"/>	a. I ELECT COVERAGE FOR SPOUSE ONLY. I (X)	<input type="checkbox"/>	DO	<input type="checkbox"/>	DO NOT HAVE DEPENDENT CHILD(REN).
<input type="checkbox"/>	b. I ELECT COVERAGE FOR SPOUSE AND CHILD(REN).				
<input type="checkbox"/>	c. I ELECT COVERAGE FOR CHILD(REN) ONLY. I (X)	<input type="checkbox"/>	DO	<input type="checkbox"/>	DO NOT HAVE A SPOUSE.
<p>A dependent child is anyone up to age 18. If age 18, they must be a full time student and not married. They can receive benefits until age 22. A child with a disability can receive payments for the remainder of their life span.</p>					
<input type="checkbox"/>	f. I ELECT COVERAGE FOR MY FORMER SPOUSE AND DEPENDENT CHILD(REN) OF THAT MARRIAGE (See Instructions and complete DD 2656-1, "Survivor Benefit Plan (SBP) Election Statement for Former Spouse Coverage").				
<input type="checkbox"/>	g. I ELECT NOT TO PARTICIPATE IN SBP. I (X)	<input type="checkbox"/>	DO	<input type="checkbox"/>	DO NOT HAVE ELIGIBLE DEPENDENTS UNDER THE PLAN.

**27. LEVEL OF COVERAGE (X one. Complete UNLESS 26.d. or 26.g. was selected above. See Instructions.)**

<input type="checkbox"/>	a. I ELECT COVERAGE BASED ON FULL GROSS PAY. (If I elected the Career Status Bonus and REDUX, full gross pay is the amount of retired pay I would have received had I NOT elected the Career Status Bonus.)
<input type="checkbox"/>	b. I ELECT COVERAGE WITH A REDUCED BASE AMOUNT OF \$ (See Instructions).
<input type="checkbox"/>	c. REDUX MEMBERS ONLY: I ELECT COVERAGE BASED ON MY FULL GROSS PAY UNDER REDUX. I UNDERSTAND THAT THIS REPRESENTS A REDUCED BASE AMOUNT AND REQUIRES SPOUSE CONCURRENCE. (See Instructions).
<input type="checkbox"/>	d. I ELECT COVERAGE BASED ON THE THRESHOLD AMOUNT IN EFFECT ON THE DATE OF RETIREMENT.

**28. INSURABLE INTEREST BENEFICIARY**

a. NAME (Last, First, Middle Initial)	b. SSN	c. RELATIONSHIP	d. DATE OF BIRTH (YYYYMMDD)
<p>Insurable interest is anyone but the spouse and dependent child. SM must understand that the premium for an insured interest is 40% of pay before taxes.</p>			

**SECTION X - REMARKS**

29. Use this section to continue an item or make additional comments. Attach separate sheets if more space is needed.

**SECTION XI - CERTIFICATION****30. MEMBER.**

Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S. Code 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both).

Also, I have been counseled that I can terminate SBP participation, with my spouse's written concurrence, within one year after the second anniversary of commencement of retired pay. However, if I exercise my option to terminate the SBP, future participation is barred.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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**SECTION X - REMARKS**

29. Use this section to continue an item or make additional comments. Attach separate sheets if more space is needed.

**SECTION XI - CERTIFICATION****30. MEMBER.**

Under penalties of perjury, I certify that the number of withholding exemptions claimed does not exceed the number to which I am entitled, and that all statements on this form are made with full knowledge of the penalties for making false statements (18 U.S. Code 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both).

Also, I have been counseled that I can terminate SBP participation, with my spouse's written concurrence, within one year after the second anniversary of commencement of retired pay. However, if I exercise my option to terminate the SBP, future participation is barred.

a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)

31.a. WITNESS NAME (Last, First, Middle Initial)

b. SIGNATURE

c. DATE SIGNED (YYYYMMDD)

Witness is full-time staff that is helping prepare this document.

d. UNIT OR ORGANIZATION ADDRESS (Include room number)

e. CITY/BASE OR POST

f. STATE

g. ZIP CODE

**SECTION XII - SBP SPOUSE CONCURRENCE** (Required when member is married and elects child(ren) only coverage, does not elect full spouse coverage, or declines coverage. The date of the spouse's signature in item 32.b MUST NOT be before the date of the member's signature in item 30.b, above.) The spouse's signature MUST be notarized.

**32. SPOUSE.** I hereby concur with the Survivor Benefit Plan election made by my spouse. I have received information that explains the options available and the effects of those options. I know that retired pay stops on the day the retiree dies. I have signed this statement of my free will.

a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)

**33. NOTARY WITNESS.**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared (Name of spouse (block 32.a.) \_\_\_\_\_, provided to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed in block 32.a. of this document in my presence.

(Signature of Notary)

My commission expires:

**NOTARY SEAL**

verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.

- A separate form must be completed for each type of payment to be sent by Direct Deposit.

other documents from the Government agency.

- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		<b>D</b> TYPE OF DEPOSIT <span style="background-color: yellow;">Select Mil. Retire</span> <b>S</b>																			
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )		<b>E</b> DEPOSITOR ACCOUNT NUMBER <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																			
CITY	STATE	ZIP CODE																			
TELEPHONE NUMBER AREA CODE		<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )																			
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input checked="" type="checkbox"/> Mil. Active <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> Other _____ ( <i>specify</i> )																			
<b>C</b> CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )																			
Prefix _____ Suffix _____		TYPE	AMOUNT																		
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> ) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																			
SIGNATURE	DATE	SIGNATURE	DATE																		
SIGNATURE	DATE	SIGNATURE	DATE																		

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
DFAS	London, KY

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT									
SM can provide all information here. This form can be sent to HRC Ft. Knox without the Financial Institution's Signature's.		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
DEPOSITOR ACCOUNT TITLE													
<b>FINANCIAL INSTITUTION CERTIFICATION</b>													
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.													
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE										



# TRICARE

- Once retiree's reach age 60 they and their dependants are entitled to free, or at nominal cost health care.
- At age 65 you qualify for Medicare part B, which becomes the primary insurance, with TRICARE as a supplemental insurance.
- TRICARE dental is available to retired members and their families. Also "Gray Area Retirees" qualify for this benefit.

**Access [www.tricare.com](http://www.tricare.com) for information on retirement benefits.**





# Retiree Benefits

As a retiree you are entitled to benefits, but they may change based on which option you chose. Some of these are:

- Base facilities and activities
- Medical facilities (Age 60)
- TRICARE (age 60 – until age 65)
- Legal assistance
- Survivor assistance
- Family services
- SGLI → VGLI (If requested)



# NGB 23A

- Displays earned points and creditable years of service for retired pay.
- A “Good” year is a minimum of 50 points earned per year.
- The year is based on your anniversary year ending date (AYE)
- Should be reviewed annually at the unit level.



# NGB 23

How to read NGB-23.pdf - Adobe Reader

File Edit View Window Help

2 / 2 100%

Tools Sign Comment

## ARMY NATIONAL GUARD CURRENT ANNUAL STATEMENT

SGT BUCKEYE BRUTUS  
000-00-0000  
HHC 612 EN BN  
28846 TRACY RD  
WALBRIDGE, OH 43465-9768  
Notice of Eligibility: NO  
Highest Grade Held: E06

Date Prepared: 2000/07/31  
AYE: 02/27  
BASD:  
Output Reason: Inquiry

Anniversary Year Ending Date (Formerly Retirement Year End)

Basic Active Service Date (Only for soldiers in an Active Duty Status)

Indicates whether a soldier has received a 20 year letter

Highest grade held providing the reduction in grade was not for disciplinary reasons.

Begin/End Date of retirement year

See below\*

Membership points. Points earned by being a member of a Reserve Component. Maximum of 15 per year.

Total of the points in IDT, MEM, ACCP, AD columns

Total years/months/days of creditable service for retired pay for each period (S)

Begin Date (yyyymmdd)	End Date (yyyymmdd)	MMSI	IDT	MEM	ACCP	AD	VS	Total Career Points	Total Pts For Ret Pay	Creditable Svc For Ret Pay
1997/04/02	1999/04/04	F1	0	15	0	162	V	177	177	01/00/00
1998/04/02	1998/04/04	C1	15	15	0	15	V	45	45	00/00/00
1998/04/02	1998/04/04	C1	47	15	0	16	V	78	76	01/00/00
1998/04/02	1998/04/04	C1	28	--	0	23	V	--	--	
1998/04/02	1998/04/04	A1	0	14	0	30	V	95	95	
1998/04/02	1998/04/04	A1	0	0	0	365	V	365	365	
1998/04/02	1998/04/04	A1	0	0	0	366	V	366	366	
1998/04/02	1998/04/04	A1	0	--	0	129	V	--	--	
1998/04/02	1998/04/04	D4	0	10	0	0	V	139	139	
1998/04/02	1998/04/04	D4	0	--	0	15	V	15	15	
1998/04/02	1998/04/04	H3	0	--	0	0	V	0	0	
1998/04/02	1998/04/04	B1	0	--	0	77	V	77	77	
1998/04/02	1998/04/04	B1	0	--	0	59	V	59	59	

Points earned from Army Correspondence Course Program or miscellaneous points as verified by the

Points earned by performing Active Duty, ADSW (with or without pay), ADT, or Annual Training.

Total points earned for retired pay. Prior to 23 Sep 96 the maximum IDT points (IDT, MEM & ACCP) a soldier could earn is 60. Between 23 Sep 96 and 30 Oct 00 the maximum was 75. After 30 Oct 00 the maximum was increased to 90. Must have



# Resources

- [www.nc.ngb.army.mil/Services/Pages/Retirees.aspx](http://www.nc.ngb.army.mil/Services/Pages/Retirees.aspx)
- [www.hrc.army.mil/](http://www.hrc.army.mil/)
- [www.tricare.mil/](http://www.tricare.mil/)
- [www.deltadental.com/Public/index.jsp](http://www.deltadental.com/Public/index.jsp)
- [www.pec.ngb.army.mil/](http://www.pec.ngb.army.mil/)
- [www.va.gov](http://www.va.gov)



# Contact Information

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